

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395671</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>05/26/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>SOUTHMONT OF PRESBYTERIAN SENIORCARE</b>  STATE LICENSE NUMBER: <b>422902</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>835 SOUTH MAIN STREET WASHINGTON, PA 15301</b>		
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F 0000	INITIAL COMMENT		F 0000		
F 0554	<p>Based on a Medicare/Medicaid Recertification, State Licensure, Civil Rights Compliance Survey, and an Abbreviated Survey in response to a complaint completed on May 26, 2023, it was determined that Southmont of Presbyterian Seniorcare, was not in compliance with the requirements of 42 CFR Part 483, Subpart B, Requirements for Long-Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long-Term Care Licensure Regulations.</p>		F 0554		
SS=E					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

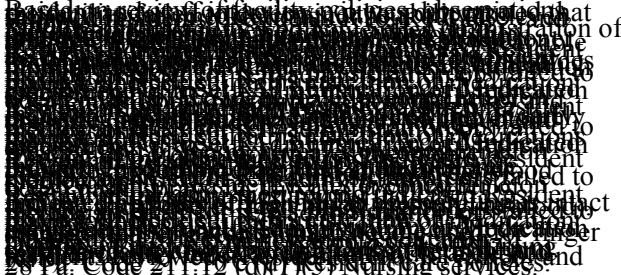
TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0554  SS=E	Continued from page 1  483.10(c)(7) Resident Self-Admin Meds-Clinically Approp  §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate.  This REQUIREMENT is not met as evidenced by:	F 0554	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the findings/conclusions set forth in the statement of deficiencies. The plan of correction has been prepared and/or executed solely because it is required by the provisions of Federal and State law.  Residents R16, R17, R39 and R48 had self-administration forms completed on 5/22/23. Residents R16, R17, R39 and R48 also have the proper physician order to self-administer. Reeducation will be provided to the nurses by the nurse educator or designee to ensure that residents who self-administer have the proper physicians order and form completed. An initial audit will be completed of other residents to ensure the proper form and physician order is completed if they self-administer by the DON or designee. Audits will be competed	Completion Date: <b>07/06/2023</b> Status: <b>APPROVED</b> Date: <b>06/12/2023</b>	

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F 0554  SS=E	Continued from page 2  	F 0554	weekly times 4 and monthly times 3 to ensure residents who self-administer medications are still able to self-administer. Results will be brought to QAPI to determine if further auditing is necessary.		
F 0600  SS=D		F 0600			

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F 0600  SS=D	Continued from page 3  483.12(a)(1) Free from Abuse and Neglect  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;  This REQUIREMENT is not met as evidenced by:	F 0600	Resident R33 had no lasting ill effects from the incident on 12/23/22. The employee and agency employee involved were terminated/DNR'd after the facility investigation was completed. All allegations of abuse and neglect are investigated by the facility. An initial audit will be completed of any concern forms received since 12/23/22 by the facility to ensure any that may have risen to the level of abuse or neglect were investigated by DON or designee. Reeducation will be completed with nursing staff by nurse educator or designee on abuse and neglect. Audits will be completed monthly times 3 of any concern forms received by the facility to ensure any that may rise to the level of abuse or neglect are investigated by DON or designee. Results will be brought to QAPI to determine if further auditing is necessary.	Completion Date: <b>07/06/2023</b> Status: <b>APPROVED</b> Date: <b>06/12/2023</b>	

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F 0600  SS=D	Continued from page 4  Disinfectant was not applied to the bed in a timely manner. The nursing staff was not trained on the correct use of the disinfectant. The nursing staff was not trained on the correct use of the disinfectant. The nursing staff was not trained on the correct use of the disinfectant. The nursing staff was not trained on the correct use of the disinfectant. 28 Pa. Code 211.28(c)(1)(i)(v) nursing services	F 0600			
F 0610  SS=D		F 0610			

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F 0610  SS=D	Continued from page 5  483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.  §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.  This REQUIREMENT is not met as evidenced by:	F 0610	Employee involved in this allegation was removed resident R48 room and reeducation on abuse and neglect was provided as a precaution. Reeducation will be completed with DON, ADON and unit managers by NHA or designee on §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. An initial audit will be completed to ensure this incident has a proper investigation. Audits will be completed monthly times 3 of	Completion Date: <b>07/06/2023</b> Status: <b>APPROVED</b> Date: <b>06/12/2023</b>	

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F 0610  SS=D	Continued from page 6	F 0610	any abuse allegations received by the facility to ensure the investigation is thorough by NHA or designee. Results will be brought to QAPI to determine if further auditing is necessary.		

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F 0610  SS=D	<p>Continued from page 7</p> <p>Based on review of facility policy, clinical record, facility investigative reports and staff interview, it was determined that the facility failed to thoroughly investigate an allegation of mental abuse and/or neglect for one of four residents (Resident R48).</p> <p>Finding include: Review of the facility policy "Corporate Compliance - Abuse/Neglect", Section III Response to allegation of abuse indicated that any witnesses will be instructed to describe the incident in full, use exact words and include a graphic description of the scene, positioning of alleged victim, personnel, and time etc.</p> <p>Review of the admission record indicated Resident R48 admitted to the facility on 10/14/20.</p> <p>Review of Resident R48's MDS dated 5/13/23, indicated a BIMS of thirteen (cognitively intact) and the diagnoses of high blood pressure, heart failure, and diabetes (too much sugar in the blood).</p>	F 0610			



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F 0610  SS=D	<p>Continued from page 8</p> <p>Review of facility investigation dated 9/23/22, at 10:30 a.m. indicated Resident R48 was not happy that the staff were showering her and said it was against doctors' orders. In Resident R48's bed staff found her personal belongings, old dried stool wrapped in wipes in her bed and old lancets. The mattress was removed due to sanitary reasons. Resident R48 feels she was being abused.</p> <p>Further review of facility investigation indicated that a thorough interview involving all staff members potentially involved was not completed. The facility investigation had a witness statement from one aide, Nursing Assistant (NA) Employee E28, regarding the events on 9/23/23 surrounding the shower.</p> <p>During an interview on 5/26/23, at 1:30 p.m. the Assistant Director of Nursing confirmed the investigation lacked a thorough list of all staff who should have been interviewed during the investigation and that the facility failed to thoroughly investigate Resident R48's allegation of mental abuse and/or neglect for one of four residents (Resident</p>	F 0610			

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F 0610  SS=D	Continued from page 9  R48).  28 Pa. Code:201.14(a) Responsibility of licensee  28 Pa. Code 201.18 e (1) Management.  28 Pa. Code 211.10 c (d) Resident care policies.  28 Pa. Code 211.12 (d)(1)(5) Nursing services	F 0610			
F 0684  SS=E		F 0684			

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F 0684  SS=E	Continued from page 10  483.25 Quality of Care  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.  This REQUIREMENT is not met as evidenced by:	F 0684	Residents R5, R67, R111 and R123 did not have any ill effects as a result of the physician not being notified. Reeducation will be provided to the nurses about physician notification and assessing residents for hyperglycemia (high blood glucose) and hypoglycemia (low blood glucose) by nurse educator or designee. An initial audit will be completed of current residents receiving blood glucose monitor checks to verify that parameters are set and accurate in the EMAR by DON or designee. Audits will be completed weekly times 4 and monthly times 3 of 5 abnormal CBG levels to ensure physician notification and monitoring was competed for readings over 400 or under 70 by DON or designee. Results will be brought to QAPI to determine if further auditing is necessary.	Completion Date: <b>07/06/2023</b> Status: <b>APPROVED</b> Date: <b>06/09/2023</b>	

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F 0684  SS=E	Continued from page 11  Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to notify physicians of increased and decreased Capillary Blood Glucose (CBG) levels and failed to assess residents for hyperglycemia (high blood glucose) and hypoglycemia (low blood glucose), for four of 13 Residents (Residents R5, R67, R111, and R123).  Findings include:  The Centers for Disease Control defines diabetes as: Diabetes Mellitus is a chronic (long-lasting) health condition that affects how your body turns food into energy. Most of the food you eat is broken down into sugar (also called glucose) and released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy. If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should. When there isn't enough insulin or cells stop	F 0684			

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F 0684  SS=E	Continued from page 12  responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease. Hypoglycemia is a condition that occurs when blood glucose is lower than normal, usually below 70 milligrams per deciliter (mg/dl). If left untreated, hypoglycemia may lead to weakness, confusion, unconsciousness, arrhythmias and even death. People with Diabetes Mellitus may be prescribed injectable insulin to assist in maintaining acceptable levels of CBG's. Hyperglycemia, or high blood glucose, occurs when there is too much sugar in the blood. This happens when your body has too little insulin. Hyperglycemia is blood glucose greater than 125 mg/dL while fasting (not eating for at least eight hours, or a blood glucose greater than 180 mg/dL one to two hours after eating. If you have hyperglycemia and it 's untreated for long periods of time, you can damage your nerves, blood vessels, tissues and organs. Damage to blood vessels can increase your risk of heart attack and stroke, and nerve damage may also lead to eye damage, kidney	F 0684			

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F 0684  SS=E	Continued from page 13  damage and non-healing wounds.  Review of the facility "Hypoglycemia" policy last reviewed 11/20/22, indicated the facility will recognize, and treated properly, hypoglycemia is defined as blood glucose less than 70 even in the absence of obvious signs and symptoms, the blood glucose will be rechecked in 15-30 minutes, and to document CBGs and treatments.  A review of the facility "Change in Resident's Condition or Status" policy last reviewed 11/20/22, indicated the facility shall promptly notify the resident, his or her attending physician, and representative of changes in the resident ' s medical/mental condition and/or status, if there is a need to alter the resident's medical treatment, and the Nurse Supervisor/Charge Nurse will record in the resident ' s medical record information relative to changes in the resident's medical/mental condition or status.  Review of the medical record indicated Resident R5	F 0684			

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F 0684  SS=E	Continued from page 14  was admitted to the facility on 4/2/21, with diagnoses that included diabetes, heart failure (progressive heart disease that affects pumping action of the heart muscles causing fatigue, and shortness of breath), and depression.  Review of Resident R5's Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 3/30/23, indicated the diagnoses remain current.  Review of a physician order dated 12/15/21, indicated to inject 70 units of Toujeo (a long-acting insulin) every 12 hours for diabetes. A physician order dated 3/2/22, indicated to check CBG as needed per hypoglycemic protocol. A physician order dated 12/12/22, indicated to inject Novolog (fast-acting insulin that starts to work about 15 minutes after injection, peaks in about 1 hour, and keeps working for 2 to 4 hours) per sliding scale. A physician order dated 12/28/22, indicated for glucometer checks at bedtime every night for monitoring,	F 0684			

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F 0684  SS=E	Continued from page 15  Review of Resident R5's clinical record electronic Medication Administration Record (eMAR) revealed that the resident's CBG's were as follows:  On 10/14/22, documented at 9:00 p.m., CBG was noted to be 406. On 10/16/22, documented at 9:00 p.m., CBG was noted to be 476. On 10/21/22, documented at 7:00 a.m., CBG was noted to be 480. On 10/23/22, documented at 9:00 p.m., CBG was noted to be 463. On 10/24/22, documented at 9:00 p.m., CBG was noted to be 519. On 10/25/22, documented at 9:00 p.m., CBG was noted to be 452. On 10/27/22, documented at 9:00 p.m., CBG was noted to be 488. On 10/31/22, documented at 9:00 p.m., CBG was noted to be 423. On 11/8/22, documented at 9:00 p.m., CBG was noted to be 498.	F 0684			



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F 0684  SS=E	Continued from page 16  On 11/11/22, documented at 7:00 a.m., CBG was noted to be 419. On 11/11/22, documented at 9:00 p.m., CBG was noted to be 470. On 11/13/22, documented at 9:00 p.m., CBG was noted to be 528. On 11/16/23, documented at 9:00 p.m., CBG was noted to be 443. On 11/18/22, documented at 9:00 p.m., CBG was noted to be 400. On 11/19/22, documented at 7:00 a.m., CBG was noted to be 450. On 11/21/22, documented at 9:00 p.m., CBG was noted to be 464. On 11/23/22, documented at 9:00 p.m., CBG was noted to be 473. On 11/24/22, documented at 9:00 p.m., CBG was noted to be 479. On 11/28/22, documented at 9:00 p.m., CBG was noted to be 494. On 11/29/22, documented at 7:00 a.m., CBG was noted to be 485. On 12/4/22, documented at 9:00 p.m., CBG was	F 0684			

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F 0684  SS=E	Continued from page 17  noted to be 432. On 12/11/22, documented at 9:00 p.m., CBG was noted to be 446. On 12/21/22, documented at 7:00 a.m., CBG was noted to be 467. On 12/24/22, documented at 7:00 a.m., CBG was noted to be 443. On 1/5/23, documented at 9:00 p.m., CBG was noted to be 437. On 1/7/23, documented at 9:00 p.m., CBG was noted to be 428. On 1/26/23, documented at 9:00 p.m., CBG was noted to be 447. On 1/29/23, documented at 9:00 p.m., CBG was noted to be 463. On 1/31/23, documented at 9:00 p.m., CBG was noted to be 468. On 2/8/23, documented at 9:00 p.m., CBG was noted to be 513. On 2/9/23, documented at 9:00 p.m., CBG was noted to be 402. On 2/10/23, documented at 7:00 a.m., CBG was noted to be 403.	F 0684			

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F 0684  SS=E	Continued from page 18  On 2/10/23, documented at 5:00 p.m., CBG was noted to be 435. On 2/10/23, documented at 9:00 p.m., CBG was noted to be 411. On 2/11/23, documented at 7:00 a.m., CBG was noted to be 483. On 2/11/23, documented at 12:00 p.m., CBG was noted to be 535. On 2/11/23, documented at 5:00 p.m., CBG was noted to be 415. On 2/11/23, documented at 9:00 p.m., CBG was noted to be 460. On 2/17/23, documented at 9:00 p.m., CBG was noted to be 476. On 2/19/23, documented at 9:00 p.m., CBG was noted to be 482. On 2/26/23, documented at 9:00 p.m. CBG was noted to be 470. On 3/5/23, documented at 9:00 p.m., CBG was noted to be 445. On 3/14/23, documented at 9:00 p.m., CBG was noted to be 416. On 5/6/23, documented at 7:00 a.m., CBG was	F 0684			

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F 0684  SS=E	Continued from page 19  noted to be 412. On 5/6/23, documented at 11:00 a.m., CBG was noted to be 435.  Review of Resident R5's eMAR and clinical progress notes indicated the resident was not assessed for hyper-/hypoglycemia, and the physician was not notified of abnormal results on the above listed dates. Further review of the eMAR for November 2022, revealed on 11/18/22, at 9:57 p.m. "the glucometer read ' HI ' indicating that sugar is "too high" to read.  Review of the care plan dated 1/7/23, indicated nursing will assess/record/report to the physician any signs and symptoms of hypo/hyperglycemia, nursing will monitor/record/report results of lab/diagnostic work to the physician, nursing will check blood glucose as ordered and as needed, and to document in the resident ' s record.  The facility was unable to access the care plan prior to 1/7/23.	F 0684			

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F 0684  SS=E	Continued from page 20  Review of a clinical record indicated Resident R67 was admitted to the facility on 4/6/20, with diagnoses that included diabetes, and depression.  Review of Resident R67 ' s MDS dated 2/28/23, indicated the diagnoses remain current.  Review of a physician order dated 10/14/21, indicated to check blood glucose before breakfast, without coverage.  Review of Resident R67's eMAR revealed that the resident's CBG's were as follows:  On 1/16/23, documented at 7:00 a.m., CBG was noted to be 517. On 4/2/23, documented at 7:00 a.m., CBG was noted to be 422. On 4/3/23, documented at 7:00 a.m., CBG was noted to be 412. On 5/16/23, documented at 7:00 a.m., CBG was noted to be 404..	F 0684			

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F 0684  SS=E	<p>Continued from page 21</p> <p>A review of Resident R67's eMAR and clinical progress notes indicated the resident was not assessed for hyperglycemia, interventions were not documented, blood sugar was not rechecked, and the physician was not notified of abnormal results.</p> <p>A review of Resident R67's care plan dated 4/6/20, indicated nursing will assess/record/report to the physician any signs and symptoms of hypo/hyperglycemia, nursing will monitor/record/report results of lab/diagnostic work to the physician, nursing will check blood glucose as ordered and as needed, and to document in the resident ' s record.</p> <p>Review of a clinical record indicated Resident R111 was admitted to the facility on 8/3/22, with diagnoses that included diabetes, high blood pressure, and depression.</p> <p>Review of Resident R111's MDS dated 5/11/23, indicated the diagnoses remain current.</p>	F 0684			

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F 0684  SS=E	Continued from page 22  Review of a physician order dated 8/9/22, indicated to inject Novolog insulin per sliding scale, if over 400 notify MD before meals and at bedtime.  Review of Resident R111's eMAR revealed that the resident's CBG's were as follows:  On 11/3/22, documented at 12:00 p.m., CBG was noted to be 416. On 11/8/22, documented at 12:00 p.m., CBG was noted to be 533. On 11/9/22, documented at 12:00 p.m., CBG was noted to be 550. On 12/5/22, documented at 12:00 p.m., CBG was noted to be 439.  A review of Resident R111's eMAR and clinical progress notes indicated the resident was not assessed for hypoglycemia, interventions were not documented, and the physician was not notified of abnormal results on the above listed date.	F 0684			

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F 0684  SS=E	<p>Continued from page 23</p> <p>Review of a clinical record indicated Resident R123 was admitted to the facility on 4/17/23, with diagnoses that included diabetes, heart failure, and depression.</p> <p>Review of Resident R123's physician order dated 4/18/23, indicated to inject Humalog (a fast-acting insulin that starts to work about 15 minutes after injection, peaks in about 1 hour, and keeps working for 2 to 4 hours) insulin per sliding scale and if over 400 call MD.</p> <p>Review of Resident R123's eMAR revealed that the resident's CBG's were as follows:</p> <p>On 5/17/23, documented at 8:00 a.m., CBG was noted to be 69.</p> <p>A review of Resident R123's eMAR and clinical progress notes indicated the resident was not assessed for hypoglycemia, interventions were not documented, blood sugar was not rechecked, and the physician was not notified of abnormal results on</p>	F 0684			



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F 0684  SS=E	<p>Continued from page 24</p> <p>the above listed date.</p> <p>A review of Resident R123's care plan indicated to give diabetes medication as ordered by doctor, and monitor/document for side effects and effectiveness.</p> <p>During an interview on 5/25/23, at 9:50 a.m. Licensed Practical Nurse (LPN) Employee E5 stated for residents with no blood glucose parameters and a CBG under 70 she would implement the hypoglycemic protocol, and over 380, she would call the doctor, document, and recheck the CBG in 15-30 minutes.</p> <p>During an interview on 5/25/23, at 10:00 a.m. LPN Employee E8 stated for residents with no blood glucose parameters she would call the doctor is CBG was under 70 or over 400, she would notify the doctor, recheck the CBG in one hour, assess the resident, and document interventions and symptoms.</p> <p>During an interview on 5/25/23, at 10:06 a.m. Registered Nurse (RN) Employee E11 stated for</p>	F 0684			

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F 0684  SS=E	<p>Continued from page 25</p> <p>residents with hyper-/hypoglycemia check the chart for parameters and if no parameters were listed, she would notify the doctor if blood glucose was under 70 or over 400. She would recheck in 15 - 30 minutes, assess the resident and document in the medical record.</p> <p>During an interview on 5/25/23, at 10:25 a.m. LPN Employee E14 stated she would check the doctor 's orders, if no parameters ordered she would notify the doctor for blood glucose under 60 or over 400. She would assess the resident, give the ordered insulin, and document in the medical record.</p> <p>During an interview on 5/25/23, at 10:30 a.m. LPN Employee E15 stated for residents with no parameters for blood glucose she would notify the doctor if under 70 or over 300, re-check the blood glucose every 15 minutes, and document in the chart.</p> <p>During an interview on 5/10/23, at 9:22 a.m., RN Employee E18 stated for blood glucose under 70 or</p>	F 0684			

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F 0684  SS=E	Continued from page 26  over 400 and no parameters she would call the doctor and document.  During an interview on 5/10/23, at 1:35 p.m. the Assistant Director of Nursing Employee E1 confirmed the facility failed to document hypo/hyperglycemic episodes, failed to follow hypoglycemic protocols, and failed to notify the MD of changes in condition for Residents R5, R67, R111, and R123.  28 Pa. Code 201.18 (b)(1) Management  28 Pa. Code 201.29(d) Resident Rights  28 Pa. Code 211.10 (c)(d) Resident Care policies  28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services	F 0684			
F 0698  SS=D		F 0698			

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F 0698  SS=D	Continued from page 27  483.25(l) Dialysis  §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.  This REQUIREMENT is not met as evidenced by:	F 0698	Resident R29 has a dialysis book to take to dialysis. An initial audit of all current dialysis residents will be completed to ensure residents have a dialysis book to take with them to dialysis by DON or designee. Reeducation will be completed with the nurses by nurse educator or designee to ensure the dialysis books are being filled out on our end as well as checking upon return for notes or changes. Audits will be completed weekly times 4 and monthly times 3 to ensure the dialysis books for all current dialysis residents are being filled out on our end by our nurses as well as checking upon return for notes or changes. Results will be brought to QAPI to determine if further auditing is necessary.	Completion Date: <b>07/06/2023</b> Status: <b>APPROVED</b> Date: <b>06/12/2023</b>	

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NAME OF PROVIDER OR SUPPLIER: <b>SOUTHMONT OF PRESBYTERIAN SENIORCARE</b>  STATE LICENSE NUMBER: <b>422902</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>835 SOUTH MAIN STREET WASHINGTON, PA 15301</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0883  SS=D	Continued from page 29  483.80(d)(1)(2) Influenza and Pneumococcal Immunizations  §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.  §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;	F 0883	Resident R29 received the pneumococcal immunization on 5/24/23 as requested. Reeducation will be provided to the nurses that residents who request the pneumococcal immunization receive the pneumococcal immunization by nurse educator or designee. An initial audit will be completed of 10 residents per month admitted from 1/5/23-6/11/23 to ensure residents who requested the pneumococcal immunization received the pneumococcal immunization by DON or designee. An audit thereafter will be completed weekly times 4 and monthly times 3 of 10 new admissions to ensure residents who requested the pneumococcal immunization received the pneumococcal immunization by DON or designee. Results will be brought to QAPI to determine if further auditing is necessary.	Completion Date: <b>07/06/2023</b> Status: <b>APPROVED</b> Date: <b>06/12/2023</b>	

[illegible]



# Certified End Page

**SOUTHMONT OF PRESBYTERIAN SENIORCARE**

**STATE LICENSE NUMBER: 422902**

**SURVEY EXIT DATE: 05/26/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY